

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
10-089879

FILING DATE

APPLICANT(S)

CLAIMS

|              | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|--------------|----------|------|------------------------|------|------------------------|------|
|              | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1            |          |      |                        |      |                        |      |
| 2            |          |      |                        |      |                        |      |
| 3            |          |      |                        |      |                        |      |
| 4            |          |      |                        |      |                        |      |
| 5            |          | 2    |                        |      |                        |      |
| 6            | 1        |      |                        |      |                        |      |
| 7            |          |      |                        |      |                        |      |
| 8            |          |      |                        |      |                        |      |
| 9            | 8        |      |                        |      |                        |      |
| 10           |          |      |                        |      |                        |      |
| 11           | 8        |      |                        |      |                        |      |
| 12           | 0        |      |                        |      |                        |      |
| 13           |          |      |                        |      |                        |      |
| 14           |          |      | 1                      |      |                        |      |
| 15           |          |      | 1                      |      |                        |      |
| 16           |          |      | 1                      |      |                        |      |
| 17           |          |      | 1                      |      |                        |      |
| 18           |          |      | 1                      |      |                        |      |
| 19           |          |      | 1                      |      |                        |      |
| 20           |          |      | 1                      |      |                        |      |
| 21           |          |      | 1                      |      |                        |      |
| 22           |          |      | 1                      |      |                        |      |
| 23           |          |      | 1                      |      |                        |      |
| 24           |          |      |                        |      |                        |      |
| 25           |          |      |                        |      |                        |      |
| 26           |          |      |                        |      |                        |      |
| 27           |          |      |                        |      |                        |      |
| 28           |          |      |                        |      |                        |      |
| 29           |          |      |                        |      |                        |      |
| 30           |          |      |                        |      |                        |      |
| 31           |          |      |                        |      |                        |      |
| 32           |          |      |                        |      |                        |      |
| 33           |          |      |                        |      |                        |      |
| 34           |          |      |                        |      |                        |      |
| 35           |          |      |                        |      |                        |      |
| 36           |          |      |                        |      |                        |      |
| 37           |          |      |                        |      |                        |      |
| 38           |          |      |                        |      |                        |      |
| 39           |          |      |                        |      |                        |      |
| 40           |          |      |                        |      |                        |      |
| 41           |          |      |                        |      |                        |      |
| 42           |          |      |                        |      |                        |      |
| 43           |          |      |                        |      |                        |      |
| 44           |          |      |                        |      |                        |      |
| 45           |          |      |                        |      |                        |      |
| 46           |          |      |                        |      |                        |      |
| 47           |          |      |                        |      |                        |      |
| 48           |          |      |                        |      |                        |      |
| 49           |          |      |                        |      |                        |      |
| 50           |          |      |                        |      |                        |      |
| TOTAL IND.   |          |      | 2                      |      |                        |      |
| TOTAL DEP.   |          |      | 9                      |      |                        |      |
| TOTAL CLAIMS |          |      | 11                     |      |                        |      |

|              |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|
| 51           |  |  |  |  |  |  |
| 52           |  |  |  |  |  |  |
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| 85           |  |  |  |  |  |  |
| 86           |  |  |  |  |  |  |
| 87           |  |  |  |  |  |  |
| 88           |  |  |  |  |  |  |
| 89           |  |  |  |  |  |  |
| 90           |  |  |  |  |  |  |
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| 95           |  |  |  |  |  |  |
| 96           |  |  |  |  |  |  |
| 97           |  |  |  |  |  |  |
| 98           |  |  |  |  |  |  |
| 99           |  |  |  |  |  |  |
| 100          |  |  |  |  |  |  |
| TOTAL IND.   |  |  |  |  |  |  |
| TOTAL DEP.   |  |  |  |  |  |  |
| TOTAL CLAIMS |  |  |  |  |  |  |